

DEA Pharmaceutical Training Seminars Registration Form

Send To: Mr. Matthew Strait
Fax #: 202-353-1263

ATTENDEE NAME: _____

COMPANY NAME: _____

PHONE NUMBER: _____

E-MAIL: _____
(for confirmation of
registration)

FAX NUMBER: _____
(use only if an E-Mail
address is not available)

Seminar Dates: (Note your order of preference, i.e., 1st, 2nd, 3rd, and 4th)

_____ December 9-10, 2002

_____ December 11-12, 2002

_____ January 6-7, 2003

_____ January 8-9, 2003

REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS.

**REGISTRATION IS LIMITED TO TWO PEOPLE PER COMPANY FOR ALL
SEMINARS.**